FOREWORD

I am pleased to present the Department of Health's FY 2002 Annual Report on Mayor Anthony A. Williams's 2000 Asian and Pacific Islander ("API") Initiative. This Report is the result of combined efforts of all programs in the department and demonstrates our strong commitment to improve and ensure equal and fair access to quality health care for limited and non-English proficient Asian Pacific American residents. It describes our accomplishments in the second year implementation of the Initiative. This document outlines the department's FY 2003 ongoing strategies to continue implementation of the Initiative.

The motto of Department of Health ("DOH" or "department") is: "Invest in Health: Improve the Quality of Life." The department is committed to transforming the District of Columbia into the healthiest city in the nation through coordinated culturally and linguistically competent healthcare service delivery systems, and effective partnership and collaboration with private and public agencies, and all communities. The DOH will continue in our efforts to work with every resident in the District of Columbia to improve the health status across all neighborhoods by eliminating access disparities in healthcare, and improving quality and safety of our environment.

With the submission of the FY 2002 Annual Report and the FY 2003 Action Plan, the department is demonstrating commitment to work with all partners to achieve the goal of the Initiative. I urge all residents and community representatives, and partners in public and private sectors to join me in this endeavor.

James A. Buford Acting Director, Department of Health District of Columbia Government

November 2002

ACKNOWLEDGMENT

Special acknowledgment for ongoing supports from:

James A. Buford, Acting Director, DOH

Kenneth Campbell, General Counsel, DOH

Theodore J. Gordon, Senior Deputy Director for Environmental Health Science and Regulation, and Ex-Officio to the Commission on Asian & Pacific Islander Affairs

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The development and implementation of the Department of Health's Asian and Pacific Islander Initiative Action Plan is the result of the combined effort of **all** Department of Health personnel.

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FY 2003 ACTION PLAN

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EXEUTIVE SUMMARY

This report is the culmination of accomplishments by the Department of Health ("DOH" or "department") in its second year implementation of Mayor Anthony A. Williams's Asian and Pacific Islander ("API") Initiative in fiscal year 2002. Mayor Williams launched the API Initiative in 2000 with the goal to improve and ensure equal access to government services by Asian Pacific American (APA) residents with limited English proficiency ("LEP"). In August 2000, Mayor Williams directed agencies to develop and implement specific action plan to address five (5) broad objectives: translate materials; diversify workforce; provide cultural awareness training; establish community partnerships; and outreach to the API community to inform them of the government services. In January 2002, Mayor Williams issued another memorandum directing agencies to include appropriate budgetary commitment and specific performance indicators for each of the five (5) objectives. The number of government agencies involved with the API Initiative has expanded from 12 to 17 since the inception of the API Initiative. Additionally, Mayor Williams has appointed senior agency officials to serve as exofficio to the Commission on Asian and Pacific Islander Affairs ("Commission"). Senior deputy director Theodore J. Gordon is the DOH ex-officio to the Commission. Through collaborative effort, the department had worked successfully with the Commission in resolving many issues in the community involving Asian businesses.

The 2000 U.S. Census shows that APAs in the Metropolitan Washington area and in the District of Columbia ("District") are the fastest growing group. There are approximately 20,000 APA residents and businesses in the District. The five (5) major APA ethnic groups in the city are Chinese, South Asians, Filipinos, Vietnamese, and Koreans. Most of the APA residents are either immigrants or refugees with limited English skills. According to the data released in September 2002 by the US Census Bureau, 12.9 percent (or 73,561) of the District residents were foreign-born; 17% of which have a country of origin in Asia or in the Pacific Islands. The Census figures also document that almost 9,000 APAs (age 5 years and over) speak an APA language at home, with more than 4,500 indicating that they speak English less than "very well." Consequently, a great number of the APA residents do not know how to access to most basic city services.

In late FY 2002, the DOH functionally re-organized its programs into seven (7) major programmatic areas: environmental health science and regulation; health promotions; medical affairs - communicable and chronic disease prevention and control; addiction, prevention and recovery administration; medical assistance administration; policy, planning and research; and health care safety net administration. The over-arching goal of the DOH is to lead the nation in healthy lifestyles and to contribute to realizing Mayor Williams's goal of "One City, One Future" through elimination of healthcare access disparities, improvement in environmental safety and quality, and improvement in health status across all neighborhoods.

The department's leadership continued demonstrating their commitment to improving and ensuring equal access to the DOH services for the APA community through a department-wide API Initiative Action Plan with specific activities and timelines for each of the five (5) mayoral objectives. Most programs were able to accomplish all tasks outlined in the FY 2002 Action Plan, and the DOH, overall, is making great strides in ensuring and improving equal access to its

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services for LEP residents. However, lack of dedicated funding and personnel for specific tasks continued to be the most commonly cited reasons by programs for the outstanding tasks. Additionally, many of the DOH's resources and personnel were being re-directed to deal with several citywide unanticipated events such as the Anthrax attacks in October 2001 and the Immunization Campaign by the District of Columbia Public Schools in January 2002.

Most programs had identified appropriate health education and outreach materials for translation and expanded their efforts to inform the APA community about their services. Programs distributed the translated materials through participation in community events and health fairs sponsored by the Mayor's Office of Asian and Pacific Islander Affairs (OAPIA) and community-based organizations ("CBOs") serving the APA community. The Bureau of Food, Drug and Radiation Protection ("BFDRP") has reproduced and distributed to restaurants the training videotape on "Chinese Restaurant Food Safety" in Mandarin and Cantonese Chinese languages. The Bureau of Community Hygiene and Animal Disease Control ("BCH") has posted on the DOH website the Chinese translation of the "West Nile Virus Fact Sheet". The Special Supplemental Nutrition Program for Women, Infants and Children ("WIC") ran its media campaign "Is WIC in Your Wallet" in Vietnamese and Chinese ethnic newspapers.

The department uses various mechanisms - through the OAPIA, the DC Asian Pacific American Council, and the ethnic newspapers - to recruit qualified APAs into its workforce. It also participated in the Mayor's first Job Fair for APAs in the city's APA Heritage Month celebration. As of September 30, 2002, the DOH has 40 APA employees (or almost 3 percent of its workforce) and four (4) APA consultants, a 35 percent increase from FY 2001. These APA employees speak more than 10 Asian languages.

After completing the hands-on Language Line Services Train-the-Trainer training session, 28 employees provided the Language Line Services training to co-workers in their respective programs. Various programs had provided some form of cultural awareness training for their employees. Notably, all staff of the HIV/AIDS Administration ("HAA"), the WIC program, and Addiction, Prevention and Recovery Administration ("APRA") had received the cultural awareness training. Seven (7) APA employees attended the 17th Annual Federal APA Council Congressional Seminar and National Leadership Training Conference in May. The department observed the APA Heritage by participating in health fairs sponsored by APA CBOs. The department also held an APA Heritage Month Celebration for its employees with lectures and demonstration on traditional Asian medicine and crossword puzzle contest on 'Asian Influence' to the American culture.

Building on the strong foundation from FY 2001, programs continued to expand its partnerships with CBOs to reach out to the APAs. In particular, the APRA awarded the first-ever substance prevention grant in the amount of \$100,000 to Project AAPI Youth, a consortium of five (5) CBOs that includes Asian Pacific American Legal Resource Center, Asian American LEAD, Boat People S.O.S., Chinatown Service Center, and Korean American Coalition. Many government agencies are eager to support the Project by becoming its partners; this could be a model in building genuine government - community partnership to reach the acknowledged hard to serve population. In addition to CBOs, the Medical Assistance Administration ("MAA") has

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established partnerships with faith-based organizations, and with the Robert Wood Johnson's "Covering Kids" grantee through the non-profit consortium that provides services to the immigrant community.

The BCH and the BFDRP had participated in many workshops and provided training to merchants on food safety, sanitation practice and rodent control strategies throughout the city. The MAA advertised the DC Healthy Families Program on the Vietnamese public radio and the State Children's Health Insurance Program in ethnic newspapers. The DOH, as lead agency, assisted the OAPIA in organizing the Mayor's very successful first Community/Health Fair and the third Annual Town Hall meeting for the APAs on November 14, 2001, at the Martin Luther King, Jr. Memorial Library. Mr. Theodore Gordon, senior deputy director, and Mr. James Buford, acting director of the DOH, had established dialogues with APA community leaders and helped facilitate solutions to pressing issues concerning the APA community. Many staff had also participated in many community cultural events including welcoming "The Year of Horse" celebration.

Finally, the department had completed its cultural and linguistic competency study and a copy of the study report had been distributed internally as well as externally to the Mayor's OAPIA, the CAPIA, and all study participants. In FY 2003, the department is committed to implement selected study recommendations so as to improve the satisfaction among its increasingly diverse customers. Specifically, the department will hold regular "Cultural Dialogues Brown Bag Lunch Series" to engage employees for informal discussions of various ethno-health practices. Programs will continue their efforts to translate appropriate materials, to increase multi-lingual capability to serve LEP customers, and to promote their services to the APA community. They have pledged to partner with the community to identify best mechanisms to reach out to the limited English proficient APAs to increase their awareness of various public health issues that might impact their health status.

INTRODUCTION

1. National Demographic Information

The United States ("U.S.") has been called a "melting pot" of multi-ethnic and racial groups. For the last few decades, however, it has become evident that this image is no longer an appropriate one. Rather than a "melting pot", America today is like a mosaic patchwork quilt. The diversity that each ethnic and racial group – African Americans, Asian Pacific Americans, Latinos, Native Americans, and whites – brought to the country helps create a beautiful tapestry of colorful imagery and enriches our shared culture.

The U.S. 2000 Census shows the most detailed demographic snapshot describing a nation in transformation. It shows that 1 in 5 Americans does not speak English at home, and that Asian Pacific Americans ("APA") are the fastest growing racial/ethnic group in the nation, at a rate of more than 48 percent in the last decade. Almost 11 million in number, APAs make up 4 percent of the U.S. population and are projected to exceed 10 percent by 2050. APAs are an extremely heterogeneous and diverse group. Differences in languages, cultures, lifestyle, philosophy, socio-economic status, attitude, behavior, and education among APAs reflect not only more than 30 ethnic subgroups, but also generational subgroups. In addition, heritage, origins and geographic location, immigration histories and length of residency in the U.S. strongly influence the degree of acculturation by the APA subpopulations. This, in turn, could affect the health of the APAs in many ways including one's ability to understand relevant health information and navigate the maze of the American government and healthcare systems.

Since last decade, eliminating health disparities has been on the top of the nation's public health agenda. While it is well documented that health care alone cannot cure all illnesses, access to quality healthcare continues to be an important determinant of health. Numerous studies have demonstrated the link between the decreased access to care, diminished quality of care, and lessened satisfaction, and patients with cultural and language barriers. Therefore, uniform approach in the delivery of healthcare services is detrimental to the culturally and linguistically diverse API community.

2. Washington Metropolitan Area Demographic Information

Over the past decade, the Washington Metropolitan Area is among the top immigrant gateways in the nation. According to William Frey, a demographer of University of Michigan, the 2000 census shows that APAs make up 6% of the area's total population. With 454,702, the Washington-Baltimore CMSA (including District of Columbia, Maryland, Virginia, and West Virginia) ranked fourth in APA concentration among the country's large metropolitans. More than 95% of the region's APA population lives in suburban areas with two-third living in Fairfax

Note: Asians and Pacific Islanders, Asian Pacific Americans, Asian Americans and Pacific Islanders, and Asian Americans, Native Hawaiian and Other Pacific Islanders are being used interchangeably throughout this document depending on the source of information. The names refer to individuals who have origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent; and from the aboriginal, indigenous, native peoples of Hawaii and other Pacific Islands within the jurisdiction of the United States. The differences in names are the results of OMB Directive and Census classification over time.

and Montgomery counties. Many of these suburban APAs work and do businesses in the District of Columbia ("District").

3. District of Columbia Demographic Information

The District is home to almost 20,000 APA residents and small businesses. Chinese, Asian Indian, Filipino, Vietnamese and Korean Americans are the five (5) largest ethnic groups in the city. Approximately 80 percent of the APAs live in Wards 2, 3, and 1, with most if not all Vietnamese refugees and immigrants live in the Mount Pleasant - Park Road area. According to The Washington Post, APAs contribute significant tax revenue to the city. The Department of Consumer and Regulatory Affairs estimates that APAs own two-third of the small business licenses, and the D.C. Lottery Board estimates that between 60 - 80 percent of its revenue are generated from APA owned stores, mostly Korean Americans.

Most of the APA residents are either recent immigrants or refugees who are either limited or non-English proficient. According to the data released in September 2002 by the US Census Bureau, 12.9 percent (or 73,561) of the District residents were foreign-born; 17% of which have a country of origin in Asia or in the Pacific Islands. The Census figures also document that almost 9,000 APAs (age 5 years and over) speak an APA language at home, with more than 4,500 indicating that they speak English less than "very well." Consequently, a great number of the APA residents do not know how to access to most basic city services.

4. Mayor Anthony A. Williams's Asian and Pacific Islander Initiative

On August 7, 2000, Mayor Anthony A. Williams launched his Asian and Pacific Islander ("API") Initiative via memorandum instructing each agency to develop an action plan outlining strategies that each agency would use to meet the needs of APA community members who may have been underserved because of their limited English proficiency "LEP". The Mayor's August 7 Memorandum acknowledges the issues that are unique to APAs, and sets clear direction to ensure that agencies provide meaningful access for LEP APAs in government programs/services in accordance with Title VI of the Civil Rights Act of 1964.

The Mayor's API Initiative was a response to the demographic changes in the city, the language survey of 14 major agencies conducted in early 2000 by the District of Columbia Office of Personnel ("DCOP"), the outcomes of the 1999 Citizen Summit, and the concerns expressed by the APA community at the June 2000 Town Hall Meeting. The DCOP language survey results show that Chinese, Vietnamese and Korean were the most requested language services after Spanish, yet APA comprised less than 2 percent of the city's workforce. The survey found that most of the 14 major agencies failed to provide equal access to LEP APAs. Agencies lacked bi-lingual staff and translated materials to meet the language needs of Chinese, Vietnamese and Korean speaking customers. Moreover, due to cultural and language barriers and/or the lack of knowledge of services, the APAs were reluctant to reach out for services. As a result, many Asian-language speaking residents were unable to access or participate in government services/programs.

The department was one of the 12 agencies involved in the first year implementation of the Mayor's API Initiative. The department's leadership provided strong commitment to the API Initiative and established a firm foundation by emphasizing cultural awareness/sensitivity training of its employees and reaching out to recruit qualified APAs into its workforce. It also has built good relationships with API community-based organizations and the District of Columbia Asian Pacific American Council ("DC APAC"). The DC APAC, a District government employee association, was formed in April of 2000 with strong support from Mayor Williams.

In FY 2002, the second year of the Initiative, the number of government agencies involved was expanded to 17. And, Mayor Williams issued another memorandum in January 2002 directing agencies to include appropriate budgetary commitment and specific performance indicators for each of the five (5) objectives outlined in his August 2000 Memorandum. Additionally, Mayor Williams has appointed senior agency officials to serve as ex-officios to the Commission on Asian and Pacific Islander Affairs ("Commission"). Senior deputy director Theodore J. Gordon is the DOH ex-officio to the Commission. Through collaborative efforts, the department had worked successfully with the Commission in resolving many issues in the community involving Asian businesses.

5. Department of Health's Asian and Pacific Islander Initiative

In the DOH FY 2002 Action Plan, various departmental programs continued to address the five (5) broad objectives below:

- 1. Translate Materials into Chinese, Korean and Vietnamese languages;
- 2. Diversify workforce;
- 3. Provide APA cultural awareness/sensitivity training to employees:
- 4. Establish partnerships with community-based organizations serving APAs; and,
- 5. Conduct outreach to the APA community to inform them of government services.

All major programmatic areas except one, the Health Care Safety Net Administration ("HCSNA"), participated in the API Initiative with strong support from the director, the chief operating officers and all senior deputy directors. The HCSNA was newly created in FY 2002 to monitor the performance of the Healthcare Alliance.

This Annual Report describes the second-year implementation results of each program's Action Plan. Part I provides a synopsis of the department's overall implementation status. Annual reports from programs are presented in the following format: introduction; accomplishments/ outstanding tasks; lessons learned; and future plan. The reports, including the translated executive summary in Chinese, Korean and Vietnamese languages when provided by the programs, are in Part II:

- 1. The Office of the Director
- 2. Environmental Health Science and Regulation

- A. Environmental Health Administration
 - a. Bureau of Hazardous Materials and Toxic Substances
 - b. Bureau of Community Hygiene and Animal Diseases Control
 - c. Bureau of Food, Drug and Radiation Protection
- B. Health Regulation Administration (No Report)
- 3. Health Promotions
 - A. Maternal and Family Health Administration
 - B. HIV/AIDS Administration
 - C. Nutrition Programs Administration
- 4. Medical Affairs Communicable and Chronic Disease Prevention and Control
 - A. Office of Primary Care, Prevention and Planning
- 5. Addiction, Prevention and Recovery Administration
- 6. Medical Assistance Administration
- 7. Policy, Planning and Research
 - A. State Center for Health Statistics Administration

The department's FY 2003 Action Plan is presented in Part III and includes the action plans from the following programs:

- 1. The Office of the Director
- 2. Environmental Health Science and Regulation
 - A. Environmental Health Administration
 - a. Bureau of Hazardous Materials and Toxic Substances
 - b. Bureau of Community Hygiene and Animal Diseases Control
 - c. Bureau of Food, Drug and Radiation Protection
 - B. Health Regulation Administration
- 3. Health Promotions
 - A. Maternal and Family Health Administration
 - B. HIV/AIDS Administration
 - C. Nutrition Programs Administration

- 4. Medical Affairs Communicable and Chronic Disease Prevention and Control
 - A. Office of Primary Care, Prevention and Planning
- 5. Addiction, Prevention and Recovery Administration
- 6. Medical Assistance Administration
- 7. Policy, Planning and Research
 - A. State Center for Health Statistics

Appendices include the following information:

- A. Mayor Williams's Memoranda to Agency Directors, dated August 7, 2001, & January 8, 2002
- B. FY 2002 Action Plan
- C. FY 2002 Implementation Status Reports
- D1. Directory of Translated Materials
- D.2 Translated Materials
- E. Translation Contractors/Companies
- F. APA Employee Profile
- G. Language Line Services Training Information
- H. APA Heritage Month Celebration Information
- I. List of Community Partnerships
- J. Plan for Improving Community Hygiene In and Around a Construction Area Adjacent to MCI Arena and Surrounding Businesses
- K. Outreach Information
- L. *Asian Fortune* article on the November 14, 2001 Mayor's First Community/Health Fair and Third Annual Town Hall Meeting for the APA Community
- M. A Cultural and Linguistic Competency Study Report

1. INTRODUCTION

The District of Columbia Department of Health performs all core public health functions for the city. The overarching goal of the department is to lead the nation in healthy lifestyles by:

- Eliminating healthcare access disparities;
- Improving environmental safety and quality; and,
- Improving health status across all neighborhoods.

To accomplish this goal, the department believes in a culture of accountability, integrity, and first-rate customer services. Moreover, the department believes that by establishing culturally and linguistically competent healthcare services delivery systems, and forging meaningful public and private partnerships, the diverse populations throughout the city will receive effective and efficient services. The motto of the department is "Invest in Health: Improve the Quality of Life."

The department underwent major changes during FY 2002, the second year of the API Initiative. Mr. James A. Buford joined the department in February 2002 as chief operating officer, and became acting director in May 2002. The department re-organized functionally in late FY 2002 from five (5) into seven (7) major programmatic areas; each of the areas is headed by a senior deputy director or deputy directors. They are as follows:

I. Environmental Health Science and Regulation

• Environmental Health Administration (EHA)

Bureau of Food, Drug & Radiation Protection Bureau of Hazardous Materials & Toxic Substances Bureau of Community Hygiene and Animal Diseases Control Bureau of Environmental Quality

• Health Regulation Administration (HRA)

Health Care Facilities Division Child & Residential Care Facilities Division

- Health Professional Licensing Administration
- Public Health Laboratory

II. <u>Health Promotions</u>

- Office of Health Promotion
- Maternal and Family Health Administration (MFHA)
- HIV/AIDS Administration (HAA)
- Nutrition Programs Administration (NPA)
- Office of Grants Management

III. Medical Affairs - Communicable and Chronic Disease Prevention and Control

- Preventive Health Services Administration
- Primary Care Administration
- Emergency Health and Medical Services Administration
- Homeless Program

IV. Addiction, Prevention and Rehabilitation Administration

V. Medical Assistance Administration

- Office of Program Operations
- Office of Disabilities and Aging
- Office of Program Integrity
- Office of Children and Families
- Office of Managed Care
- Office of Quality Assurance

VI. Policy, Planning and Research

- State Center for Health Statistics
- Policy, Planning and Research
- State Health Planning and Development Agency
- Office of Information Technology
- Institutional Review Board
- Health Insurance Portability and Accountability Act (HIPAA)

VII. Health Care Safety Net Administration

2. ACCOMPLISHMENTS/OUTSTANDING TASKS

A copy of the department's FY 2002 Action Plan is in Appendix B and a copy of the status reports is in Appendix C. The following is the summary of the accomplishments and outstanding tasks in FY 2002 reported by programs. Detailed accomplishments and outstanding tasks of each program is in Part II of this Report.

A. ACCOMPLISHMENTS

(1) Objective 1: Translation of Materials

Programs continued to translate health education and outreach materials into Chinese, Korean and Vietnamese languages. A directory of translated documents and copies of the translated documents is in Appendix D. A list of translation contractors/companies is in Appendix E.

(2) Objective 2: Diversifying Workforce

In FY 2002, the DOH participated in many community events to reach out to the APA community. It also participated in the Mayor's hugely successful first APA Community/Health Fair on November 14, 2001, and the Mayor's first APA Job Fair on May 29, 2002, to inform APAs of employment opportunities with the department. Various departmental programs indicated that they contacted area colleges and university to recruit APA students as interns. In addition, the department distributed vacancy announcements to APA through the Mayor's Office of Asian and Pacific Islander Affairs, the District of Columbia Asian Pacific American Council, and APA community-based organizations. The department also advertised recruitment effort in Asian ethnic newspapers.

The department conducted a 'Train-the-Training AT&T Language Line Service Training' session for 28 employees in July to increase the bilingual capability of its frontline employees. These employees, in turn, conducted the Language Line Service Training to coworkers in their respective program areas.

In FY 2002, the department hired 12 new APA employees and three (3) APA consultants. Three (3) APA employees and one APA consultant left the department, and one APA employee changed position from one program to another. As of the end of FY 2002, there were 40 APA employees and three (3) APA contractors, a 35 percent increase from FY 2001. They represented more than 10 APA ethnic groups.

Detailed APA employee information is in Appendix F. The Language Line Service Training information is in Appendix G.

(3) Objective 3: Multicultural Training

The HIV/AIDS Administration ("HAA"), the Special Nutrition Program for Women, Infants and Children ("WIC"), and the Addiction, Prevention and Recovery Administration ("APRA") reported that they had provided cultural diversity training to all of their employees.

In May, DOH held several activities celebrating Asian Pacific American Heritage Month. One of those activities designed specifically for all department employees was held on May 30. Information on APA history and cultures was posted on the DOH's website. Celebration activities on May 30 included presentations and demonstration of Asian medicine, and crossword puzzle competition on 'Asian Influences on American Culture." The winner of the crossword puzzle received a highly acclaimed cultural study book, entitled "The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures" by Anne Fadiman.

The APA Heritage Month Celebration information is in Appendix H.

(4) Objective 4: Community Partnership

The DOH continues it partnership with the District of Columbia Asian Pacific American Council. The goal of DCAPAC, an employee association, is to serve as a bridge between cultures and to promote communications and goodwill between government and the API community. It was established in April 2000 with the support from Mayor Williams.

The Bureau of Community Hygiene and Animal Diseases Control ("BCH") reported that it has formed new partnership with Florida Avenue Market and the Chinatown Business Improvement District ("BID"), and that it continues to maintain partnership with the Downtown BID, the Georgetown BID, and the Golden Triangle BID.

The Hazardous Waste Division of the Bureau of Hazardous Materials and Toxic Substances ("BHMTS") reported that it has initiated a partnership with the Korean Dry Cleaners Association to generate interest regarding training on current hazardous waste regulations and how the regulations affect the dry cleaning industry.

In FY 2002, HAA reported that it had awarded a grant to the Asian and Pacific Islanders Partnership for Health in the amount of \$50,000.00 to provide HIV prevention services to the API men who have sex with men (MSM). Additionally, HAA reported that it has built community partnership through quarterly meetings with API community stakeholders including Asian American

LEAD, Boat People SOS, Chinatown Service Center, Chinatown Steering Committee, and the Newcomer Service Center. It also partnered with Pen Press II, a small local API-owned printing business to publish reports and fact sheets.

The WIC Program reported that it continues to maintain a working relationship with Chinatown Service Center ("CSC") since June 2000, and that the CSC coordinator serves on its Community Advocacy Board ("CAB"). The WIC Program has extended its invitation for Boat People S.O.S. and Asian American LEAD to join its CAB.

The Maternal and Family Health Administration ("MFHA") reports that it has compiled a comprehensive list of key API community-based organizations to conduct a comprehensive needs assessment in FY 2003, focusing on maternal and child health issues.

The Addiction, Prevention and Recovery Administration reports that it has worked successfully with the following CBOs and agencies: Asian American Leadership, Education and Development; Boat People SOS; Chinatown Service Center; Asian Pacific American Legal Resource Center, Koran American Coalition, National Asian Pacific American Families Against Substances Abuse ("NAPAFASA"), and Asian Pacific Partners for Empowerment and Leadership ("APPEAL").

The Medical Assistance Administration ("MAA") reported that it coordinates a quarterly Immigrant Task Force meeting with representatives from the Asian community as active members on the task force. It also reported that it continues to maintain partnerships with the Chinatown Service Center, Asian Merchant Association, faith-based organizations with Asian congregations, and with Robert Wood Johnson's "Covering Kids" grantee through the non-profit clinic consortium representing over 20 clinics that provide services to the immigrant community.

A list of community partners is in Appendix I.

(5) Objective 5: Community Outreach

On November 14, 2001, many departmental programs participated in the Mayor's hugely successful first Community/Health Fair for the APA community. They conducted health education and screening, and distributed the translated health education and outreach materials to the community.

In FY 2002, the department's senior management team and staff participated in many cultural and community events in the APA community, including the

Chinese New Year celebration to welcome the "Year of Horse" with Mayor William in Chinatown in January 2002, and the Lunar Year celebration at One Judiciary Square in February 2002, and the multicultural Chinese New Year celebration for seniors sponsored by the Asian Service Center and the D.C. Department of Parks and Recreation, in March 2002.

As an ex-officio to the Commission on Asian and Pacific Islander Affairs ("CAPIA") appointed by Mayor Williams in February 2002, Mr. Theodore Gordon met with the CAPIA and the APA community in March, May, July and September to address issues of concerns to the community. Several issues were resolved successfully through partnership and collaboration.

The Bureau of Food, Drug and Radiation Protection and BCH report that they had provided many training sessions on food safety and sanitation to APA merchants and restaurants. They also distributed translated materials to the Asian merchants and restaurants. A copy of the 'Plan for Improving Community Hygiene in and around a Construction Area Adjacent to MCI Arena and Surrounding Businesses' is in Appendix J.

The BHMTS reports that its Lead Poisoning, Screening and Education Program has translated, printed and stocked the Mobile Health Unit with the translated brochure.

The WIC Program reports that it launched newspaper advertisements, 'WIC in Your Wallet' in *Pho Nho*, a Vietnamese newspaper, and *China Post*, a Chinese newspaper, as well as *Asian Fortune*, an English newspaper targeted API community. This outreach information is in Appendix K.

The HAA reports that the API community learns of HAA's program through its quarterly community stakeholder meeting.

The MFHA reports that it participated in various health promotion events designed specifically by the API community.

The APRA reports that it conducted a substance abuse awareness session for Boat People S.O.S. and Chinatown Service Center. It had also attended several API community events during the APA heritage month, including the DC government API Job Fair, the Annual APA Spring Benefit, the National APA Heritage Council Scholarship Awards Banquet, the Federal APA Council Conference, and the NAPAFASA conference.

The MAA reports that it will continue to provide outreach efforts to increase services to eligible API community members.

(6) Other Activities

The department continues to maintain an outstanding working relationship with the Office of Asian and Pacific Islander Affairs, Commission on Asian and Pacific Islander Affairs, leaders of the APA community, and community-based organizations serving APA who are limited or non-English proficient.

Mr. Theodore Gordon, senior deputy director for Environmental Health Science and Regulation, and ex-officio to the Commission on Asian and Pacific Islander Affairs, had met periodically with the Commissioners and the API community leaders to discuss and to resolve issues of concern.

The department, as the lead agency, had successfully helped the Office on Asian and Pacific Islander Affairs in planning and coordinating the Mayor's first Community/Health Fair and workshops for the API community on November 14, 2001. A copy of the article from *Asian Fortune* describing the event is in Appendix L.

The DOH had completed, in April, a departmental cultural and linguistic competency study to evaluate how well it serves its culturally and linguistically diverse customers. The department submitted the study report to the Office of Asian and Pacific Islander Affairs and the Commission on Asian and Pacific Islander Affairs in September 2002. The study report has also been distributed to all senior management personnel in the department and to all study participants. A copy of the Cultural and Linguistic Competency Study Report is in Appendix M.

Seven (7) employees – two (2) from the Office of the Senior Deputy Director for Environment Health Science and Regulation, one from the BHMTS, one from Health Regulation Administration, one from the APRA, and one from State Center for Health Statistics Administration—attended the 17th Annual Federal Asian Pacific American Council Conference and the Congressional Leadership Seminar.

The APRA awarded a first-ever substance abuse prevention grant targeted the API Youth in the amount of \$100,000 to a consortium of five (5) API community-based organizations - APA Legal Resource Center, Asian American LEAD, Boat People S.O.S., Chinatown Service Center, and Korean American Coalition. This project, titled Project AAPI Youth, has support from government agencies, including the Tobacco Control Program in the DOH, Alcohol and Beverage Control Administration, the Asian Liaison Unit of the Metropolitan Police Department, as well as the Office of Asian and Pacific Islander Affairs. This grant will continue throughout most of FY 2003.

B. OUTSTANDING TASKS

Due to unexpected events such as the anthrax attacks and the Immunization Campaign by the District of Columbia Public Schools, the department's senior staff were not able to meet with the API community leaders every three (3) months. They had met, instead, two (2) times, one in March and one in July, to discuss and attempt to resolve issues of concerns to the API community

The BHMTS reports that it did not translate documents from the Lead Risk Assessment, Remediation, and Certification Program or the Hazardous Waste Division. It also discovered that it does not have the authority to make changes in the existing job announcements that are produced by the Office of Personnel.

The SCHS indicates that it was only successful in recruiting bilingual APAs into its workforce. The tasks for four (4) other objectives will be carried over into FY 2003.

3. LESSONS LEARNED

Most programs reported positive experience in the second year implementation of the API Initiative. They report that they were able to reach out to the API community to promote their programs/services through partnership with the APA community-based organizations.

The BCH reports the problem it encountered when trying to add the translated materials to the DOH website. It states that it has identified a solution for the problem.

The BHMTS states that it has learned that it needs to secure enough funding to implement the API Initiative objectives and tasks. It will focus the funding dedicated to translating materials to be distributed to the community and pool resources with other District agencies to use toward training employees regarding cultural competency issues.

The WIC Program reports that, although it has successfully accomplished all tasks as stated in its FY 2002 Action Plan, they had to overcome staffing and funding challenges by selecting activities that were Federal, State and Program priorities, such as translation of program materials. It also had lost an APA outreach representative and an APA public health nutritionist.

The HAA reports that it continues to face the unique challenge of discussing HIV/AIDS prevention topics with the API population, and that it needs to monitor an API grantee to ensure that the organization would spend its allocated funding.

The MFHA states that it has learned that a greater understanding of the API culture will enhance its communication with the community and its development of programs and initiatives for the target population or sub-population. It also indicates that its efforts in

the translation of materials required a more in depth approach versus simply having a publication translated, whereby respecting the cultural differences in communicating.

Medical Affair - Communicable and Chronic Disease Prevention and Control (formerly Office of Primary Care, Prevention and Planning) states that it "has become more aware of the need to include demographic data in its disease databases and registries in order to more adequately assess needs and account for services provided to specific ethnic and cultural groups." It also reports that, "as more attention was devoted to the API initiative," it "was able to include specific services to target this population, particularly with the substance abuse assessment and domestic violence planning grant."

The APRA reports that it is more aware of the gaps in its services as relates to the API community and is looking to fill them in FY 2003. It also reports that the major challenge is securing funding for all tasks identified on the FY 2002 Action Plan. With close collaboration with other DOH and District agencies as well as the API community, however, the APRA was able to carry out all tasks on the Initiative.

The MAA indicates that it has effectively implemented the FY 2002 Action Plan by continuing to foster partnerships with various API community-based organizations.

4. FUTURE PLAN

In FY 2003, most programs plan to continue their FY 2002 efforts to implement tasks to improve access to services for APA with limited English skills. The tasks are organized according to the five (5)-broad objectives identified in the Mayor's August 8, 2000 directive:

- I. Translated information materials into Chinese, Korean and Vietnamese languages;
- II. Diversify workforce;
- III. Provide cultural awareness/sensitivity training for employees;
- IV. Establish partnerships with community-based organizations serving APAs; and,
- V. Conduct outreach to the APAs to inform them of available services and to encourage their participation in government programs.

The FY 2003 Action Plans from the following programs with specific tasks, funding sources and implementation timelines are presented in Part III of this Report:

- I. Office of the Director
- II. Environmental Health Science and Regulation
 - A. Bureau of Hazardous Materials and Toxic Substances
 - B. Bureau of Community Hygiene and Animal Disease Control
 - C. Bureau of Food, Drug and Radiation Protection
 - D. Health Regulation Administration

III.	Health Promotions				
	A. B. C.	Maternal and Family Health Administration HIV/AIDS Administration Nutrition Program Administration			
IV.	Medical Affairs - Communicable and Chronic Diseases Prevention & Control				
V.	Addiction, Prevention and Recovery Administration				
VI.	Medical Assistance Administration				
VII.	Policy, Planning and Research				
	A.	State Center for Health Statistics			

Date: November 4, 2002

Date: _____

Prepared By: Ellen M. Yung-Fatah, API Initiative Manager

Approved By: James A. Buford, Acting Director, DOH____

1. INTRODUCTION

The District of Columbia Department of Health performs all core public health functions for the city. The overarching goal of the department is to lead the nation in healthy lifestyles through elimination of healthcare access disparities, improvement in environmental safety and quality, and improvement in health status across all neighborhoods. The motto of the department is "Invest in Health: Improve the Quality of Life."

2. ACCOMPLISHMENTS/OUTSTANDING TASKS

In FY 2002, the Office of the Director and the Office of the Chief Operating Officer developed an action plan for three (3) API Initiative objectives:

- **Objective 4:** To develop and implement a plan for partnerships with community-based organization.
- **Objective 5:** To develop and implement an outreach plan to the API community to inform them of services available and/or provide services to persons who may not have knowledge of agency services due to language or cultural barriers
- **Objective 6:** To conduct cultural and linguistic competency study to determine the capacity of the Department of Health in meeting the healthcare needs of the diverse communities in the District of Columbia.

All the tasks outlined in the objectives were completed and there were no outstanding tasks. The following provides a summary of the accomplishments of these tasks.

A. ACCOMPLISHMENTS

Objective 4: To develop and implement a plan for partnerships with community-based organization.

Mr. Theodore Gordon, senior deputy director and the DOH's ex-officio to the Commission on Asian and Pacific Islander Affairs met with leaders from many APA community-based organizations twice, one in March and one in July, to discuss and identify solutions to issues of concerns to the APA community. The APA community-based organizations participated in the meetings were: Asian American LEAD; Asian Pacific Islander Partnership for Health; Asian Pacific American Domestic Violence Prevention Resource Program; Asian Pacific American Legal Resource Center; Asian Services Center; Boat People S.O.S.; Chinatown Service Center; Chinatown Steering Committee; Korean American Business Association; Korean American Grocers Association; Korean American Chamber of Commerce; Korean American Dry Cleaners Association; and Newcomer Service Community Center. Mr. James Buford, acting director, and a representative from the U.S. Department of Health and Human Services, Office of Civil Rights also participated in the July meeting.

Objective 5: To develop and implement an outreach plan to the API community to inform them of services available and/or provide services to persons who may not have knowledge of agency services due to language or cultural barriers.

As the lead agency, the DOH helped the Office of Asian and Pacific Islander Affairs plan and coordinate the Mayor's first APA Community/Health Fair on November 14, 2001, in conjunction with the Mayor's third annual Town Hall Meeting with the APA community. The Fair included health screening and education, agency information booths, employment information, and 10 workshops designed specific for the APA community. It was well attended and highly successful. A copy of the article from *Asian Fortune* is in Appendix K.

Objective 6: To conduct cultural and linguistic competency study to determine the capacity of the Department of Health in meeting the healthcare needs of the diverse communities in the District of Columbia

The department conducted its cultural and linguistic competency study from October 2001 through February 2002. Information was collected through questionnaires, focus groups, and in person and telephonic interviews with the DOH senior management staff and employee representatives, and representatives from the offices of Personnel, Latino Affairs, and Asian & Pacific Islander Affairs, Commission on Asian & Pacific Islander Affairs, and community- based organizations serving APA, Latino, African and Caribbean communities.

Below are the key findings and recommendations of the Reports:

- 1. The DOH has relatively good awareness of the concept of cultural and linguistic competency but lacks proficiency at all levels to adequately respond to the needs of the diverse community.
- 2. Staffing at the DOH does not reflect multicultural diversity at all levels of the organization.
- 3. Only a small percentage of the DOH employees had received specific cultural and linguistic awareness and sensitivity training to help prepare them to interact with people from different backgrounds or cultures.
- 4. Almost three-fourths of the DOH employees surveyed were strongly aware of the issues faced by racially/ethnically diverse constituents. They support the cultural/linguistic changes taking place in their working environment.
- 5. An overwhelming support for the implementation of a Cultural Competency Center (or an Office of Multicultural Health) within the DOH by internal and external stakeholders.

- 6. The DOH lacks a specific data collection system to serve its planning and implementation strategies for cultural/linguistic competency.
- 7. Programs are aware of the needs of limited English proficient persons and have translated some outreach materials into Spanish, Chinese, Vietnamese and Korean languages.
- 8. Community-based organizations are interested in genuine partnership with the DOH in its strategic planning and projects affecting respective community members, and had expressed concerns regarding the quality and quantity of translated public health education/outreach materials in Spanish and major Asian languages.

Key study recommendations are as follows:

- 1. The DOH senior management must continue to encourage and facilitate efforts to increase cultural and linguistic competency at all levels.
- 2. The DOH should consider establishing a cultural competency center or program (an Office of Multicultural Health) to improve coordination of services and information dissemination to its limited English proficient constituents in diverse multicultural communities.
- 3. The DOH must develop a coordinated, long-term workforce plan to guide each office to recruit, retain, and to promote high-performance employees to increase diversity of its current workforce. It also needs to review the position descriptions of its frontline and community outreach employees/workers to determine the needs to include bilingual and/or bicultural requirements for these positions.
- 4. The DOH should conduct a comprehensive evaluation of the cultural and diversity awareness/sensitivity training needs of its employees and develop and provide on-going training programs accordingly to improve customer services.
- 5. The DOH must enhance its current ability to collect and analyze relevant population specific data to support program planning, coordination and implementation.
- 6. The DOH must continue to engage relevant community partners/stakeholders serving targeted populations in order to maximize resource utilization and achieve effective outcomes. These would include involving leadership of the community-based organizations in decision making on programs impacting on community members, and in reviewing the quality of the translated materials to determine their level of acceptance prior to full-scale distribution.

The study report was submitted to the Office of Asian and Pacific Islander Affairs and the Commission on Asian and Pacific Islander Affairs in September 2002. It has also been distributed to all senior management staff and all study participants. A copy of the study report is in Appendix L.

3. LESSONS LEARNED

The department's cultural and linguistic competency study provides a road map with valuable information for the department to improve its service delivery strategies to all customers regardless of language abilities and cultural differences. There is strong support, in the department and in the communities, for an office (an Office of Multicultural Health) to provide leadership and to serve as a District's focal point for assuring culturally and linguistically appropriate and competent quality health services that focus on the unique needs of multicultural and multilingual populations.

4. FUTURE PLAN

In FY 2003, the Office of the Director will implement the following objectives with high impact tasks:

Objective 2: To diversify workforce

Task: To develop a plan to increase bilingual capabilities of frontline

employees to help serve limited or non-English proficient

customers.

The department will conduct Language Line Services "Train-the-

Trainer" Training Sessions.

Objective 3: To develop and implement a component of cultural awareness training

relating to LEP customers for the frontline employees.

Task: To increase cultural awareness and sensitivity of employees

through regular Brown Bag Lunch "Cultural Dialogues" Series.

Objective 4: To develop and implement a plan for partnership with community-based

organizations.

Task: The ex-officio to the Commission on Asian and Pacific Islander

Affairs will hold regular meetings with APA community leaders and community-based organizations serving APA customers to

solicit input to improve the DOH services delivery systems.

Objective 6:	To increase awareness of the requirements of Title VI of the Civil Rights Act of 1964 to improve access to services by LEP customers.			
Task:	The department, in partnership with U.S. Department of Health and Hur Civil Rights, to conduct training on employees as well as healthcare and	man Services, Office of the Title VI for the departmental		
The FY 2003 Action Plan for the Office of the Director is in Part III of this Report.				
Prepared By: <u>Elle</u>	n M. Yung-Fatah, API Initiative Manager	Date: November 4, 2002		
Approved By: <u>Jam</u>	nes A. Buford, Acting Director, DOH	Date:		